FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 2:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000047710 (6)**

1. Name of Corporation

BOCA RATON RADIATION THERAPY REGIONAL CENTER, IN C.

Principal Place of Business

1419 SE 8TH TER
CAPE CORAL FL 33990

Mailing Address

1419 SE 8TH TER
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1994

3a. Date of Last Report: N/A

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 65-0499697 — Applied For / Not Applicable

State, Address — 22

State, Address — 27

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

Zip — 24 — County — 25 — Zip — 29 — County — 30

8. The corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DANTON, VICTORIA
1419 SE 8TH TER
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Fl. 1)
Title	DP	☐ Change ☐ Addition
Name	KATIN, MICHAEL J	
Street Address	1419 SE 8TH TER	
City-St-Zip	CAPE CORAL FL 33990	
Title	D	☐ Change ☐ Addition
Name	SHERIDAN, HOWARD M	
Street Address	1419 SE 8TH TER	
City-St-Zip	CAPE CORAL FL 33990	
Title	DT	☐ Change ☐ Addition
Name	RUBENSTEIN, JAMES H	
Street Address	1419 SE 8TH TER	
City-St-Zip	CAPE CORAL FL 33990	
Title	DV	☐ Change ☐ Addition
Name	BLITZER, PETER H	
Street Address	1419 SE 8TH TER	
City-St-Zip	CAPE CORAL FL 33990	
Title	DS	☐ Change ☐ Addition
Name	DOSORETZ, DANIEL E	
Street Address	1419 SE 8TH TER	
City-St-Zip	CAPE CORAL FL 33990	
Title		☐ Change ☐ Addition
Name		
Street Address		
City-St-Zip		

14. To the best of my knowledge, I certify that the information supplied with this filing is complete, accurate and in compliance with all applicable laws. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 above, or on an attachment with an address.

SIGNATURE: Daniel E Dosoretz — 5/1/95 — 813-772-3402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0331942 CP